

Summons in a Civil Action (Rev 11/97)

**United States District Court**  
SOUTHERN DISTRICT OF CALIFORNIA

**FILED**

JAN 31 2008

CLERK, U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA  
DEPUTY

RODNEY M. TOOTHACKER

VS

THE UNITED STATES OF  
AMERICA and THE INTERNAL  
REVENUE SERVICE

SUMMONS IN

Case No.

'07 CV 2289 DMS (WMC)

TO: (Name and Address of Defendant)

ATTORNEY GENERAL OF THE UNITED STATES

950 Pennsylvania Avenue, NW

Washington, DC 20530-0001

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and  
serve upon PLAINTIFF'S ATTORNEY

Rod M. Toothaker, IN PRO SE

13742 INDIAN PEAK TRAIL

POWAY, CALIFORNIA 92064

(858) 513-0017

An answer to the complaint which is herewith served upon you, within 60 days after  
service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment  
by default will be taken against you for the relief demanded in the complaint.

W. Samuel Hamrick, Jr.

CLERK

DATE

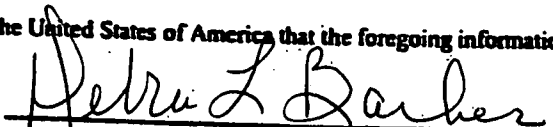
By

, Deputy Clerk

Summons in a Civil Action

Page 1 of 2

CR

<b>RETURN OF SERVICE</b>			
Service of the Summons and Complaint was made by me		DATE December 19, 2007	
NAME OF SERVER DEBRA L. BARKER		TITLE	
Check one box below to indicate appropriate method of service			
<p>Served personally upon the defendant. Place where served: _____</p> <p>Left copies thereof at the defendant's dwelling, house or usual place of abode with a person of suitable age and discretion then residing therein:</p> <p>Name of person with whom the summons and complaint were left: _____</p> <p>Return unexecuted:</p> <p>Other (specify): Served by Certified Mail #7005 1820 00005104 3657 on:  <b>ATTORNEY GENERAL OF THE UNITED STATES</b>            950 Pennsylvania Avenue, NW            Washington, DC 20530-0001</p>			
STATEMENT OF SERVICE FEES			
TRAVEL		SERVICES	TOTAL \$0.00
<p style="text-align: center;"><b>DECLARATION OF SERVER</b></p> <p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service is true and correct.</p> <p>Executed on: Dec 19, 2007 Date</p> <p style="text-align: center;">             Signature of Server            PO Box 500347, San Diego, CA            Address of Server 92150-0347         </p>			
<p style="text-align: center;"><b>NOTICE OF RIGHT TO CONSENT TO TRIAL BY A UNITED STATES MAGISTRATE</b></p> <p>IN ACCORDANCE WITH THE PROVISION OF 28 USC 636(C) YOU ARE HEREBY NOTIFIED THAT A U.S. MAGISTRATE OF THIS DISTRICT MAY, UPON CONSENT OF ALL PARTIES, CONDUCT ANY OR ALL PROCEEDINGS, INCLUDING A JURY OR NON-JURY TRIAL, AND ORDER THE ENTRY OF A FINAL JUDGMENT. COUNSEL FOR THE PLAINTIFF HAS RECEIVED A CONSENT FORM.</p> <p>YOU SHOULD BE AWARE THAT YOUR DECISION TO CONSENT OR NOT CONSENT IS ENTIRELY VOLUNTARY AND SHOULD BE COMMUNICATED SOLELY TO THE CLERK OF COURT. ONLY IF ALL PARTIES CONSENT WILL THE JUDGE OR MAGISTRATE TO WHOM THE CASE HAS BEEN ASSIGNED BE INFORMED OF YOUR DECISION.</p> <p>JUDGEMENTS OF THE U.S. MAGISTRATES ARE APPEALABLE TO THE U.S. COURT OF APPEALS IN ACCORDANCE WITH THIS STATUTE AND THE FEDERAL RULES OF APPELLATE PROCEDURE.</p> <p>1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure</p>			

## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Attorney General of the  
United States  
950 Pennsylvania Ave  
NW  
Washington, DC  
20530-0001

## 2. Article Number

(Transfer from service label)

7005 1820 0000 5104 3657

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X


☐ Agent☐ Addressee

## B. Received by (Printed Name)

DEC 26 2007

## C. Date of Delivery

## D. Is delivery address different from Item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

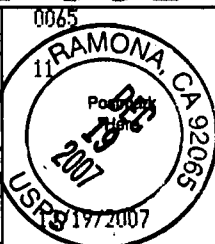
## CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$	\$2.16
Certified Fee		\$2.65
Return Receipt Fee (Endorsement Required)		\$2.15
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.96



Sent To: Attorney General of the U.S.  
 Street, Apt. No. or PO Box No. 950 Pennsylvania Ave NW  
 City, State, ZIP+4 Washington, DC 20530-0001

PS Form 3800, June 2002

See Reverse for Instructions